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APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the
invention entitled:

SYSTEMS AND METHODS FOR ANNOTATING OBJECTS WHEN THE ANNOTATION DEVICE DIFFERS FROM THE VIEWING DEVICE

described and claimed in the specification:

Check one

- a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,
as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in
Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign
application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year
prior to this application are hereby claimed:
NONE.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named
foreign priority application(s) and/or United States provisional application(s):
NONE.

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Fardish, Reg. No. 38,411;
Edward F. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565; Caroline D. Dennison, Registration No. 34,494;
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may
jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor*

2 **INVENTOR'S SIGNATURE:

3 **DATE OF SIGNATURE:

Given Name	Middle Initial	Family Name
Michelle	O. Wang	BALDONADO
<p>12 15 1999</p> <p>Month Day Year</p>		
<p>Residence: Palo Alto California USA</p> <p>City State or Province Country</p>		
<p>Citizenship: United States</p>		
<p>Post Office Address: (Insert complete mailing address, including country)</p> <p>700 Alister Avenue Palo Alto, CA 94303 USA</p>		

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box A is
checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

655727-04079160

of Second Joint Investor (if any)

Given Name	Middle Initial	Family Name
<i>[Signature]</i>		

12	15	1999
Month	Day	Year

California U.S.A.

Citizenship: United States

Typewritten Full Name

of Third Job: Invenior (If any)

Polle	T.	ZELLWEGER
Given Name	Middle Initial	Family Name

Polle T. Zillinger

12 15 1999
Month Day Year

Citizenship: United States

Typewritten Full Name

of Fourth Joint Inventor (if any)

Given Name	Middle Initial	Family Name
Andreas		PAEPCKE

Month Day Year

Citizenship: Germany

Typewritten Full Name

of Fifth Joint Inventor (if any)

Jacek	S.	GWIZDKA
Given Name	Middle Initial	Family Name

Month _____ Day _____ Year _____

Citizenship: Canada

Signature of Inventor: Please sign name exactly as it appears and insert the actual date of signing.

•• Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.: 104323

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the
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application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,624;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 38,411;
Edward P. Walker, Reg. No. 31,458; Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565; Caroline D. Damsch, Registration No. 34,494;
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22328, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may
jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor*

Michelle	Q. Wang	BALDONADO
Given Name	Middle Initial	Family Name

2 **INVENTOR'S SIGNATURE:

3 **DATE OF SIGNATURE:

Residence:	Palo Alto	California	USA
	City	State or Province	Country
Citizenship:	United States		
Post Office Address:	700 Alcatraz Avenue		
(Insert complete mailing address, including country)	Palo Alto, CA 94303 USA		

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is
checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

665121-01019160

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Steve B. COUSINS
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Cupertino California U.S.A.
City State or Province Country

Citizenship: United States
Post Office Address:
(Insert complete mailing address, including country) 18671 Pring Court
Cupertino, CA 95014 USA

1 **Typewritten Full Name**
of Third Joint Inventor (if any) Polte T. ZELLWEGER
Given Name Middle Initial Family Name

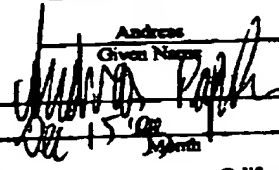
2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Palo Alto California U.S.A.
City State or Province Country

Citizenship: United States
Post Office Address:
(Insert complete mailing address, including country) 3240 Ross Road
Palo Alto, CA 94303 USA

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) Andreas PAEPCKE
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** 

3 ****DATE OF SIGNATURE:** Dec 15 1992
Month Day Year

Residence: Menlo Park California U.S.A.
City State or Province Country

Citizenship: Germany
Post Office Address:
(Insert complete mailing address, including country) 658 18th Avenue
Menlo Park, CA 94025 USA

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) Jack S. GWIZOKA
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: Toronto Ontario CANADA
City State or Province Country

Citizenship: Canada
Post Office Address:
(Insert complete mailing address, including country) 707-3000 Yonge Street
Toronto, Ontario MYN 2K5 Canada

****Note to inventors:** Please sign name exactly as it appears and insert the actual date of signing.
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665227 04075460

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.: 104323

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NONE.

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,073; William P. Berridge, Reg. No. 30,824;
Kirk M. Hudson, Reg. No. 27,362; Thomas J. Pardini, Reg. No. 38,411;
Edward P. Walker, Reg. No. 31,458; Robert A. Miller, Registration No. 32,771;
Marie A. Costantino, Registration No. 33,568; Caroline D. Damsch, Registration No. 34,494;
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22328, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor*

Michelle
Given Name

Q. Wang
Middle Initial

BALDONADO
Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Residence:	Palo Alto City	California State or Province	Day USA Country
Citizenship:	United States		
Post Office Address: (Insert complete mailing address, including country)	700 Alcazar Avenue Palo Alto, CA 94303 USA		

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**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

655227 04075460

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	Steve	B.	COUSINS
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Cupertino	California	U.S.A.
		City	State or Province	Country
	Citizenship:	United States		
	Post Office Address: (Insert complete mailing address, including country)	18671 Pring Court Cupertino, CA 95014 USA		
1	Typewritten Full Name of Third Joint Inventor (if any)	Polle	T.	ZELLWEGER
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Palo Alto	California	U.S.A.
		City	State or Province	Country
	Citizenship:	United States		
	Post Office Address: (Insert complete mailing address, including country)	3240 Ross Road Palo Alto, CA 94303 USA		
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Andreas		PAEPCKE
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Menlo Park	California	U.S.A.
		City	State or Province	Country
	Citizenship:	Germany		
	Post Office Address: (Insert complete mailing address, including country)	658 18th Avenue Menlo Park, CA 94025 USA		
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Jack	S.	GWIZDKA
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:	Jack S. Gwizdka		
3	**DATE OF SIGNATURE:	December	15	1999
		Month	Day	Year
	Residence:	Toronto	Ontario	CANADA
		City	State or Province	Country
	Citizenship:	Canada		
	Post Office Address: (Insert complete mailing address, including country)	707-3000 Yonge Street Toronto, Ontario M4N 2K5 Canada		

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
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665121-010TSH00